URBAN SERVICE BOUNDARY APPLICATION

APPLICATION REVIEW FEE: $75

230 E. Main Street, Georgetown, KY 40324 Phone (502) 867-3701 Fax (502) 867-3725

FOR OFFICIAL USE ONLY:
APPLICATION NO: _____ DATE FEE RECEIVED: _____

1. APPLICANT NAME _____

MAILING ADDRESS _____

PHONE NO. _____ EMAIL _____

2. TYPE OF REQUEST (Check one or more) □ INCLUSION IN THE URBAN SERVICE BOUNDARY

□ EXCLUSION FROM THE URBAN SERVICE BOUNDARY

3. SUBJECT PROPERTY ADDRESS / PARCEL NUMBER / LEGAL DESCRIPTION:

_____

4. JURISDICTION (Please Circle) **Georgetown / Sadieville / Stamping Ground / Scott County**

5. EXISTING USE _____

7. PROPOSED FUTURE LAND USE CATEGORY _____

6. JUSTIFICATION FOR REQUEST – State the justification for the inclusion or exclusion from the urban service boundary, and the proposed future land use designation. (Please attach any supplemental documents to the back of this page)

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APPLICANT OR REPRESENTATIVE MUST BE PRESENT AT MEETING FOR THE PLANNING COMMISSION TO CONSIDER APPLICATION

I hereby certify that the information contained in this application and supporting attachments is true and correct. I acknowledge that if I withdraw my case, the paid fee will not be returned after the hearing. If the applicant is not the owner of the project site, an affidavit will need to be completed.

_____ _____

APPLICANT DATE